

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/766873	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		—				
3		—				
4		—				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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17		1				
18		1				
19		1				
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21		1				
22		—			*	
23		1				
24		1				
25		1				
26	1	•				
27		1				
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48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.	→	28	→	→		
TOTAL CLAIMS		31				

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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